Officeholder, Candidate,	Type or print in ink.			·	COVER PAGE - LONG FORM
and Controlled Committee			Statement covers period	Date Stamp	CALIFORNIA A O O
Campaign Statement — Long Form		from	10-20-96		1994 FORM 43U
(Government Code Sections 84200-84216.5)	·	/ // //	Da 31 01	MECETABLE	
SEE INSTRUCTIONS ON REVERSE		throug	gh Dec. 31-96		1 1
Check one of the following boxes to indicate the type of statement being filed:		Date of election if applicable:		J. W. 20 P. 1 4: 45	For Official Use Only
Pre-election Statement		i	(Month, Day, Year)		Por Official Ose Offin
Supplemental Pre-election Statement (Attach a completed Special Odd-Year Campaign Report	Form 495 to this statement.)			The first of the state of	
Semi-annual Statement			no 5 96		
Termination Statement (Attach a completed Form 415 to th					
Officeholder, Candidate, and Controlled	Committee	11			tatement: List any other
Included in this Statement NAME OF OFFICEHOLDER OR CANDIDATE			committees not included in the committees of which you have	ils consolidated statement that e knowledge that are primarily	are controlled by you and any of formed to receive contributions
RAY G. DAVENPOI	it		or to make expenditures on b	ehalf of your candidacy.	
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICAE	O(E)		COMMITTEE NAME		I.D. NUMBER
CITY COUNCIL MEMBE	ee			•	
RESIDENTIAL OR BUSINESS ADDRESS (NO. AND STREET)	-		NAME OF TREASURER	· · · · · · · · · · · · · · · · · · ·	CONTROLLED COMMITTEET
1833 Robin Ch CA	7740 -204 333	<del>30</del> 2	-		☐ YES ☐ NO
CITY 1 STATE ZIPCO			COMMITTEE ADDRESS	(NO. AND STREET)	
	5240 2093333	702		· · · · · · · · · · · · · · · · · · ·	<u></u>
COMMITTEE NAME	I.D. NUMBER		CITY	STATE	CODE AREA CODE/DAYTIME PHONE
Committee to Elast RAY DOVERPORT	90225	2	COMMITTEE NAME	· (1)	I.D. NUMBER
committee ADDRESS Robers (NO. AND STREET)			Committee NAME	121/	I.D. NOMBER
CITY STATE 21PCC	- Pro-	רזש	NAME OF TREASURER .		CONTROLLED COMMITTEE?
NAME OF TREASURER	5240 33337		COMMITTEE ADDRESS	(NO. AND STREET)	YES NO
PAT DAVEMPORT				(NO. AND TIMELY)	
PERMANENT ADDRESS OF TREASURER (NO. AND STREET)			CITY	STATE ZIP	CODE AREA CODE/DAYTIME PHONE
SAME					
CITY STATE ZIP CO	DE AREA CODE/DAYTIME PHONE		<del></del>		
			Attach additional Information	n on appropriately labeled con	itinuation sheets.
UL Varidianian		<del></del>			
III Verification					dia dia masa aka da da da da da da da
I have used all reasonable diligence in preparing this statement true and complete. I certify under penalty of perjury under the				formation contained nerein an	d in the attached schedules is
Executed on 1-29-97 At Lods	CA		By Kayk	seven port	
DATE	CITY AND STATE		,	SIGNATURE OF TREASURER	,
An officeholder or candidate who controls a committee must a	iso verify the campaign statemer	nt. I have	e used all reasonable diligence a	and to the best of my knowled	ge the treasurer has used all
reasonable diligence in preparing this statement. I have review complete. I certify under penalty of perjury under the laws of t	he State of California that the for	ot my ki egoing is	s true and correct.	ained nerein and in the attach	ed schedules is true and
Executed on 1 - 29 - 97 At La	DD/ CA		By Kay &	acoport	-
	CITY AND STATE		-,	SIGNATURE OF CANDIDATE/OFFICEH	OLDER
Executed on At	CITY AND STATE		Ву	SIGNATURE OF CANDIDATE/OFFICEH	in nea
Executed on At	EN LOW FINE		Ву	STATE OF CARDIDATE OF FICE	INCOLO.
Executed on At	TO AND STATE		·,	SIGNATURE OF CANDIDATE/OFFICE	OLDE 8

# Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE 1.D. NUMBER 40225 NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE **Contributions Received** Column A Column B\* Column C TOTAL THIS PERIOD TOTAL TO DATE TOTAL PREVIOUS PERIOD (FROM ATTACHED SCHEDULES) (ADD COLUMNS A . B) (SEE NOTE BELOW) (al9,00 14 OU 1. Monetary Contributions ..... Schedule A, Line 3 \$ 2. Loans Received Self Schedule B, Line 7 SUBTOTAL CASH CONTRIBUTIONS ..... Add Unes 1 + 2 Non-monetary Contributions ..... Schedule C, Line 3 5. SUBTOTAL CONTRIBUTIONS (Exclude Enforceable Promises) Add Lines 3 + 4 4 6. Enforceable Promises (Exclude Loan Guarantees, Line 18 below) ..... Schedule D, Line 7 34,00 959100 7. TOTAL CONTRIBUTIONS RECEIVED ..... Add Lines 5 + 6 **Expenditures Made** 8. Cash Payments (Other than Loans Made) ...... Schedule E, Line 5 9. Loans Made Self. Schedule H. Line 7 10. SUBTOTAL CASH PAYMENTS ..... Add Lines 8 + 9 11. Accrued Expenses (Unpaid Bills) ..... Schedule F. Line 5 12. TOTAL EXPENDITURES MADE ..... Add Lines 10 + 11 **Current Cash Statement** 13. Beginning Cash Balance ...... Previous Summary Page, Line 17 \$ \* From previous Statement Summary Page, Column C. However, If this is the first report filed for the calendar year, Column B should be 4.00 14. Cash Receipts ..... Column A, Line 3 above blank except for Loans Received (Line 2), Enforceable Promises (Line 6), Loans Made (Line 9), and Accrued Expenses (Line 11). 15. Miscellaneous Increases to Cash ..... Schedule I. Line 4 16. Cash Payments ..... Column A. Line 10 above 17. ENDING CASH BALANCE ..... Add Lines 13 + 14 + 15, then subtract Line 16 Summary for Candidates in Both June and **November Elections** If this is a termination statement, Line 17 must be zero. ENDING CASH BALANCE SHOULD NOT BE A NEGATIVE AMOUNT 1/1 through 6/30 7/1 to Date 18. LOAN GUARANTEES RECEIVED ...... Schedule B, Part I, Column (b) \$ 21. Contributions Received .... Cash Equivalents and Outstanding Debts 22. Expenditures Made ...... 19. Cash Equivalents ..... See Instructions on reverse \$

## Schedule A Monetary Contributions Received

Type or print in ink.

Amounts may be rounded to whole dollars.

Statement covers period LALICORNIA 490 rom 10-20-96 1994 FORW 490 hrough Occ 31-96 Page 2 of 67

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE s Avenport 90223 **FULL NAME AND ADDRESS OF CONTRIBUTOR** AMOUNT RECEIVED THIS PERIOD CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31) CUMULATIVE TO DATE OTHER (IF APPLICABLE) OCCUPATION AND EMPLOYER DATE (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) Sames MC CARTY 12-7-250,00 wdi ca. SUBTOTAL \$ 250,00 **Monetary Contributions Summary** 1. Amount received this period — contributions of \$100 or more.

1. Amount received this period — contributions of \$100 or more.

(Include all Schedule A subtotals.)

2. Amount received this period — contributions of less than \$100.

(Do not itemize.)

\$ 369.00

note- Summaryon BACK

CUMULATIVE

TO DATE

CALENDAR YEAR

OTHER

OTHER

OTHER

Enter (b) on

Summary Page, Line 18 only.

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

SEE INSTRUCTIONS ON REVERSE NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE I.D. NUMBER RAY G. Dovenoin LENDER OR GUARANTOR'S FULL NAME AND ADDRESS LENDER INFORMATION **GUARANTOR INFORMATION** LENDER/GUARANTOR'S DATE (IF COMMITTEE, ENTER FULL NAME, ADDRESS AND LD. NUMBER, IF NO LD. OCCUPATION AND EMPLOYER (IF SELF-NUMBER HAS BEEN ASSIGNED, ENTER THE TREASURER'S NAME AND ADDRESS) AMOUNT OF LOAN CUMULATIVE EMPLOYED, ENTER BUSINESS NAME) DUE DATE/ AMOUNT INTEREST RATE TO DATE GUARANTEED DUE DATE CALENDAR YEAR INTEREST RATE OTHER ☐ Guarantor \* DUE DATE CALENDAR YEAR CALENDAR YEAR INTEREST RATE OTHER Lender ☐ Guarantor \* DUE DATE CALENDAR YEAR CALENDAR YEAR INTEREST RATE OTHER ☐ Guarantor \* ☐ Lender \*See important instructions on reverse. SUBTOTAL \$ Loans Received - Part I Summary 1. Loans of \$100 or more received this period. (Include all Loans Received — Part I (a) subtotals.) 2. Loans under \$100 received this period. (Do not itemize.) Loans Received - Part II Summary 4. Loans of \$100 or more repaid, forgiven, or paid by a third party this period. (Include all Part II (c) subtotals. If forgiven or paid by a third party, also itemize the transaction on Schedule A.) ...........\$ \_ 5. Loans under \$100 repaid, forgiven, or paid by a third party. (Do no itemize.) If forgiven or

6. Total loans repaid, forgiven, or paid by a third party this period.

7. Net change this period. (Subtract Line 6 from Line 3.)

## Schedulc Payments and Contributions (Other Than Loans) Made

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

CHEDULE E

SEE INSTRUCTIONS ON REVERSE

NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE

I.D. NUMBER

#### **CODES FOR CLASSIFYING EXPENDITURES**

If one of the following codes accurately describes the expenditure, you may enter the code and leave the "Description of Payment" column blank. Refer to the back of Schedule E-Continuation Sheet for detailed explanations of each category.

- "C" MONETARY AND IN-KIND (NON-MONETARY) CONTRIBUTIONS TO OTHER CANDIDATES
- "B" BROADCAST ADVERTISING

"G" - GENERAL OPERATIONS AND OVERHEAD

- AND COMMITTEES
- "N" -- NEWSPAPER AND PERIODICAL ADVERTISING

"T" - TRAVEL, ACCOMMODATIONS AND MEALS (MUST BE DESCRIBED)

- "I" INDEPENDENT EXPENDITURES
- "O" OUTSIDE ADVERTISING "\$" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS
- "P" -- PROFESSIONAL MANAGEMENT AND CONSULTING SERVICES

"L" - LITERATURE

"F" - FUNDRAISING EVENTS

(IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D.	REPORT ONLY THE LUMP SUM OF SUCH PAYMENTS ON LINE 4 OF THE SUMMARY SECTION BELOW.						
NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS)	CODE	OR	DESCRIPTION OF PAYMEN	T	AMOUNT PAID		
Lodi hows something church 5t, Lodi CA	N		* 1	Clack	8212.88		
a. adems	F	NA		cleck	\$ 125100		
Lodinew Santi	N			Clock	\$422.21		
Important: Contributions and expenditures made out of campaign fund officeholders, candidates, committees, or ballot measures must also be e	ls to or on beha entered on the	olf of other Allocation Pa	ge, Part I.	SUBTOTAL \$	760,09		
Payments and Contributions Made Summary					11 77 27		
1. Payments made this period of \$100 or more. (Include all Schedule E sul	btotals.)				1677-22		
2. Payments made this period of under \$100. (Do not itemize.)		• • • • • • • • • • • • • • • • • • • •	•••••	, <b>\$</b> .	73.26		
3. Total interest paid this period on outstanding loans. (Enter amount fro	om Schedule B,	Part II, Colum	nn (d).)	\$	<del>-6</del> -		
4. Total accrued expenses paid this period. (Do not itemize. Enter amoun	nt from Schedu	le F, Line 4.)		· · · · · · · · · · · · · · · · · · ·	0		
5. Total payments made this period. (Add Lines 1, 2, 3, and 4. Enter here	and on the Sun	nmary Page, (	Colum <u>n A</u> , Line 8.)	TOTAL \$	1750:48		

### Schedule E (Continuation Sheet) Payments and Contributions (Other Than Loans) Made

Type or print in ink.
Amounts may be rounded to whole dollars.

Statement covers period

SUBTOTAL \$

SCHEDULE E (cont.)

SEE INSTRUCTIONS ON REVERSE I.D. NUMBER NAME OF OFFICEHOLDER OR CANDIDATE AND CONTROLLED COMMITTEE CODES FOR CLASSIFYING EXPENDITURES "G" - GENERAL OPERATIONS AND OVERHEAD "C" - MONETARY AND IN-KIND (NON-MONETARY) "B" - BROADCAST ADVERTISING CONTRIBUTIONS TO OTHER CANDIDATES "T" -- TRAVEL, ACCOMMODATIONS AND MEALS "N" - NEWSPAPER AND PERIODICAL ADVERTISING (MUST BE DESCRIBED) AND COMMITTEES "O" - OUTSIDE ADVERTISING "P" - PROFESSIONAL MANAGEMENT AND CONSULTING "I" - INDEPENDENT EXPENDITURES "S" - SURVEYS, SIGNATURE GATHERING, DOOR-TO-DOOR SOLICITATIONS **SERVICES** "L" - LITERATURE "F" - FUNDRAISING EVENTS NAME AND ADDRESS OF PAYEE, CREDITOR, OR RECIPIENT OF CONTRIBUTION (IF COMMITTEE, IN ADDITION TO COMMITTEE'S NAME AND ADDRESS, ENTER I.D. NUMBER OR, IF NO I.D. NUMBER HAS BEEN ASSIGNED, ENTER TREASURER'S NAME AND ADDRESS) **DESCRIPTION OF PAYMENT** AMOUNT PAID CODE OR Sacraments S. Valley Oxfolor Keltleman LANE Continental Cable Usion Losi CA: B